

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
101009873

FILING DATE

113010

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1		
2				
3		1		
4				
5		1		
6		2		
7		3		
8		3		
9		1	10	
10		1		
11		2		
12		2		
13		1		
14		2		
15		2		
16		4		
17		4		
18		1		
19		1		
20		1		
21			14	
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49				
50				
TOTAL IND.		4		
TOTAL DEP.		28		
TOTAL CLAIMS		32		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

38